

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 99612 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Edgar Bacon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years, 7 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 38 W West st

Cause of Death, { First (Primary), Second (Immediate), } Pertussis
convulsions

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurie Cemetery

Date of Burial, May 5 1887

{ Undertaker, Hercules Ross M. D. R. M. Howe

Medical Attendant.

{ Place of Business, 404 Corn Wall St Address, 1417 Dr Hill ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99413 Office of Registrar & Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Simon Resch
Resch

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Coverman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Delaware

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, { Give Street and Number. } 939 - Biron St

Cause of Death, { First (Primary), Second (Immediate), } Hemorrhage from the Intestines

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Kenil Ground

Date of Burial, May 5, 1887

Undertaker, Anthony (unclear) Thomas Corbett M. D.

Medical Attendant.

Place of Business, 715 Light Address, 578 Hammer St

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[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 99614 Office of Registrar of Vital Statistics. Ward 159

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3 1887
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Tappan
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, 74 Years, _____ Months, _____ Days.

Color, W
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow
 Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore
 Duration of Residence in the City of Baltimore, _____
 Place of Death, { Give Street and Number. } 110 Warren av
 Cause of Death, { First (Primary), Second (Immediate), } Apoplexy and Paralysis

Duration of Last Sickness, 3 months
 All the above information should be furnished by the Physician.
 Place of Burial Green Park
 Date of Burial, May 5 1887
 { Undertaker, Amos H. Curran } J. W. Webster M. D.
 { Place of Business, 715 Light } Address, 106 Barron
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99615

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Jane Edwards

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 22 Years, 9 Months, 10 Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } Raborg St. # 676

Cause of Death, { First (Primary), Second (Immediate), } Disease of the heart caused by Rheumatism

Duration of Last Sickness, Death sudden

All the above information should be furnished by the Physician.

Place of Burial, Spanns Cemetery

Date of Burial, May 5 1887

{ Undertaker, Alex Henry L. G. Sparrow M. D.
Place of Business, 5610 Chandler St Address, Coroner
 Medical Attendant. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

99616

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 3 1887.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sussannah Woollem

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

72

Years,

Months,

Days.

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

none

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore city

Duration of Residence in the City of Baltimore,

life time

Place of Death,

{ Give Street and Number. }

618 N. Bond St.

Cause of Death,

{ First (Primary), }

Paralysis.

{ Second (Immediate), }

Exhaustion.

Duration of Last Sickness,

8 days.

All the above information should be furnished by the Physician.

Place of Burial,

Green mount Cr

Date of Burial,

May 5 1887

{ Undertaker,

Evans, Spence

J J Heard, M. D.

Medical Attendant.

{ Place of Business,

1000 E. Baltin

Address, 1160 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99617 Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine C Duffly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 316 S Eutaw st

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmon -

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Spring Hill

Date of Burial, May 6th 1887

Undertaker, John S. Moscher M. D.

Place of Business, No 150 Camden Address, 102 Franklin

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99618 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 4 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Harlow

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 81 Years, 4 Months, 10 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } A A Leo Ma

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give Street and Number. } 709 Harlow Ave

Cause of Death, { First (Primary), Second (Immediate), } Heart disease & Senile Decay

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Oliver's Church

Date of Burial, May 5th 1887

Undertaker, J. E. Hough J. C. Zimmerman M. D. Medical Attendant.

Place of Business, 1408 Penna Ave Address, 212 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99619

Office of Registrar of Vital Statistics.

Ward 17

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CERTIFICATE OF DEATH.

Date of Death, May 6
Full Name of Deceased, Ellen Crispen
Sex, Male or Female, Female
Age, 19 Years, 10 Months, 1 Days.
Color, White

Married, Single, Widow or Widower, Single
Occupation, Housekeeper

Birth Place, B. City
Duration of Residence in the City of Baltimore, 19 Years

Place of Death, 1600 Light St
Cause of Death, Periperal Convulsions
Peritonitis
6 days

Duration of Last Sickness, 6 days
All the above information should be furnished by the Physician.

Place of Burial, Baltimore C.

Date of Burial, May 6

Undertaker, B. H. Hall
Place of Business, 115 West St

Address, 715 Light St
M. D. 1911

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99620 Office of Registrar of Vital Statistics. Ward 17^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 3^d 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Magdalena Huber

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 48 Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give Street and Number. } 1902 Hanover St.

Cause of Death, { First (Primary), Second (Immediate), } Typhoid fever
Asthemia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, May 3^d

B. Y. 244 } Wm. Gombel M. D.
Undertaker, } Medical Attendant.

Place of Business, 115 West 4th Address, 610 N. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99621 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th May 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Maria Burton
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 81 Years, _____ Months, _____ Days.
Color, W
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Philadelphia
Duration of Residence in the City of Baltimore, 3 yrs
Place of Death, { Give Street and Number. } 25 N. Paca st
Cause of Death, { First (Primary), Second (Immediate), } Congestion of Lungs
Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem
Date of Burial, May 8 '87
{ Undertaker, C. J. Sever } H. W. Webster M. D. Medical Attendant.
{ Place of Business, 925 Madison Address, 105 Borne st }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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